

Flint Area Community Purchasing Group for Auto and Home Insurance Cost Reduction

Information about you

Your Name			Your daytime phone number (with area code) ()	
Address			Your email address	
-----			Your community/civic group or church affiliation: -----	
City	State	Zip		
MI				
Are you currently actively working?		If you said "No"	Are you retired?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Your date of birth	

Auto Information

1. Years of driving experience: _____ 2. Number of cars in your household: _____

3. Number of traffic tickets you have received in the past 3 years _____

4. Number of traffic accidents you have had in the past 3 years _____

5. Security features (check all that apply) ☐ Security guards ☐ Gated community ☐ Vehicle alarm ☐ Household garage ☐ Other (please specify) _____

6. Ages of drivers eligible to drive your car:

Yourself _____ Driver 2 _____ Driver 3 _____ Driver 4 _____ Driver 5 _____ Driver 6 _____

Home Information

1. Year your home was built: _____ 2. Type of construction: ☐ Brick ☐ Frame

3. Square footage of your home: _____ 4. State Equalized Value (SEV) of your home: _____

5. How close to your house is the nearest fire hydrant? ☐ Within 1 block ☐ 1-2 blocks ☐ Over 2 blocks

6. Security features (check all that apply) ☐ Deadbolts ☐ Security system ☐ Other (please specify) _____

7. Is your home within five miles of a fire station? ☐ Yes ☐ No ☐ I don't know

8. How many smoke alarms do you have in your home? ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ More than 3

9. How many homeowner insurance claims have you had in the last 3 years? _____ (if any, please give additional information on page two of this form)

Traffic Tickets (within the past 3 years) *from Auto Information page 1, number 3. List violation and approximate date.*

<i>Approximate Date</i>	<i>Violation</i>
1	
2	
3	
4	

Traffic Accidents (within the past 3 years) *from Auto Information page 1, number 4. List accident and date.*

<i>Accident Date</i>	<i>Accident fault status</i>
1	<input type="checkbox"/> I was found to be mostly at fault <input type="checkbox"/> I was found to be NOT at fault
2	<input type="checkbox"/> I was found to be mostly at fault <input type="checkbox"/> I was found to be NOT at fault
3	<input type="checkbox"/> I was found to be mostly at fault <input type="checkbox"/> I was found to be NOT at fault
4	<input type="checkbox"/> I was found to be mostly at fault <input type="checkbox"/> I was found to be NOT at fault

Home Insurance Claims: Please briefly describe each claim made in the last 3 years. *from Home Information page 1 number 9*

1	-----
2	-----
3	-----

Send your completed form to:

Unification for Urban Equality
3502 Lapeer Rd.
Flint, MI 48503